

FILED JAN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40271

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 5422		Registrar's No. 145			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Independence</u> c. LENGTH OF STAY (in this place) <u>5 Months</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>8 Miles S.E. Kennett</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Independence</u> d. STREET ADDRESS (If rural, give location) <u>8 Miles S. E. Kennett</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julie</u> b. (Middle) <u>Elmire</u> c. (Last) <u>Lincoln</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 13 1950</u>		5. SEX <u>F.</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>		8. DATE OF BIRTH <u>1873</u>		9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Richard Masters</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>John Lincoln</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elzie Lincoln</u> ADDRESS <u>Malden, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>3 years</u> <u>20 years</u> <u>44 3/4</u>				19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>1/1/1945</u> , to <u>12/13/1950</u> , that I last saw the deceased alive on <u>June 6, 1950</u> , and that death occurred at <u>8:45 A.M.</u> , from the cause and on the date stated above.									
23a. SIGNATURE <u>S.E. Mitchell M.D.</u>		23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>12/27/1950</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HURRICANE FORK</u>		24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO.</u>			
DATE REC'D BY LOCAL REG. <u>12-29-1950</u>		REGISTRAR'S SIGNATURE <u>Carl Husban</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DAY FUNERAL HOME</u>		ADDRESS <u>MALDEN, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 12-30-50
COUNTY FILE NUMBER ~~1250~~-342

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. W. Schorman

Licensed Embalmer No. 4086

P. O. Address Malden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.